10/045153

Claim Date Claim	Date
	I I I I I I I I I I I I I I I I I I I
Original Original Original Original	
51 101	
53	
	
105	
	╶┤┈┤┈┤┈┤┈┤┈┤┈ ┤
	╺╏╸╏╸╏╸╏╸╏╸╏╸╏
	┪
[9]	┤┤┤┤ ┤
60 110	┪╸┩╸┩╸┩╸┩╸┩
[61]	"
62 112	╎┈┤┈┧┈┨┈┨┈┨┈┨ ┈╂
63 113	
	╵
[65]	╎┈╽┈╽┈╽┈╽┈╽┈
166	
· - - - - - - - - - 	┈┤╸ ┨╸┨╸┨╸┨╸┨
· <u>^ </u>	
70 1120	
21 71 121	╌┤╌┤╌┤╌┤┊┤ ┷┤╾┤╌┤
122	
.	
•	┦╌┦╌┩┈┨┈┨┈┨┈╏ ┈╏
` go • 	
	╂╼╂╼╂╼╂╼╂╼╂╼╂
• [[9/] []]]]]]]]]] [] [] [] []	╂╼╂╼╂╼╉╼╂╼╂╼╂╼╂
85 85 135 135 135 135 135 135 135 135 135 13	╂╼╂╼╂╼╂╼╂╼╂╼╂╼
86	╿╍┩╼┩╼┨╼┨╼┨╼┨╼╏ ╾┦
[87]	┠╼╬╼╉╼╂╼╂╼╂╼╂╼┤
38	╎┈┧┈╏┈┨┈┨┈┨┈╏┈ ┨
[69] [[69] [[60] [60] [60]	┈┤┈┤┈┤┈┤┈┤┈┤
	
	╼╂╼╂╼╂╼╂╼╂╼╂
	- - - - - -
	╶┦╌┦╌┨ ╌┨╌┨╌┨╌┨
45 (4 95 145	╌╂╼╂╼╂╼╂╼╂╼┦
	╶┧╼┨╌┨═┨ ╾╂╾┦╸
	- - - - - -
	╶┩╸┩ ╶┩╾┩╼╃╾┦
49 98 1 98 1	┦╒┩╺┩ ╌┩╼╂═┨
160 hod 1 hod 1 hod	┦╴┨╶┨ ╌┨╼┨
	_

If more than 160 claims or 10 actions staple additional sheet here

(LEFT INSIDE)